DIRECTORS' OATH OF OFFICE

NAME OF BANK: _____

CITY: _____

COUNTY: _____

As provided by O.C.G.A. § 7-1-484, I swear and affirm the following:

I will diligently and honestly perform my duties in the administration of the affairs of this bank or trust company, I will not permit a willful violation of law by the bank or trust company, and that I meet the eligibility requirements of the *Financial Institutions Code of Georgia* and the articles and bylaws of this bank or trust company.

Typed Name and City/State of Residence	Official Signature

The above oath was sworn or affirmed to and subscribed to before me, this _____day of _____, 20_____.

SEAL Notary Public_____

_____ County, Georgia